Roberts (J. B.)

Excision of Cartilage in Nasal Obstruction due to Deviated Septum.

By JOHN B. ROBERTS, M. D.,
Philadelphia.

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EXCISION OF CARTILAGE IN NASAL OBSTRUCTION DUE TO DEVIATED SEPTUM.

By JOHN B. ROBERTS, M. D.,
PHILADELPHIA.

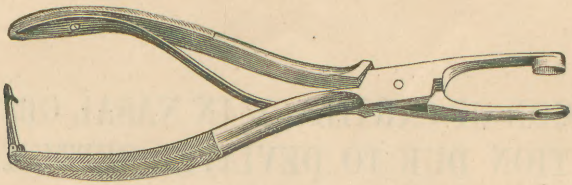
I DESIRE to call the attention of the Society to this method of treating lateral deviation of the septum, causing nasal obstruction, since the general teaching has been such as to induce the profession to look upon these cases as usually irremediable. There is prevalent a traditional notion that the cartilaginous partition between the nostrils must not be perforated in efforts to render the occluded nostril patulous. Hence patients with a nostril entirely closed by a deflected triangular cartilage are often told that nothing can be done to relieve the nasal and throat symptoms due to the abnormal respiration.

Sometimes attempts are made to alleviate the trouble by dilating the narrowed orifice, or by paring away a portion of the surface of the cartilage. In the latter method, care should be taken, it is said, to avoid perforating the septum. This caution is a mistake, and frequently prevents sufficient removal of the obstructing cartilage.

When the deviation is not very marked, relief can sometimes be afforded by making a crucial or stellate incision through the septum at the point of greatest deflection, and pressing the weakened cartilage away from the outer wall of the nostril. It can be kept in this improved position by a nasal bougie until the wound has cicatrized, if a tendency to assume the original condition is exhibited.

In very many cases, however, the most satisfactory treatment, because the most radical and efficacious, is to cut out a disk of cartilage at the point where deviation causes obstruction by

approximation of the septum to the external wall of the nasal cavity. This is best done by the nasal punch, or cutting forceps, here exhibited by me.



The opening left between the nostrils is no objection to the procedure, because it does not weaken the support of the nasal cartilages materially, and is not small enough to produce whistling sounds during respiration. It is invisible unless the nasal cavities are illuminated or examined with a speculum, and hence it is not objectionable on cosmetic grounds.

The deflected and occluding portion of cartilage can be cut out by a scalpel or gouge; but this is a crude operation, difficult of performance when the obstruction occurs far back in the nares, and is not applicable when the deformity requires a disk of the bony septum to be removed.

The fenestrated cutting forceps, which I have had made, are an improvement over others intended for the purpose, because the mucous membrane on both sides of the septum is more cleanly cut, the disk is more likely to be removed by the forceps on their withdrawal, and the instrument retains its keen edge longer. When the forceps has been forcibly closed upon the deviated part of the cartilaginous or bony septum, it should be rocked from side to side a little, to ensure entire division of the tissues. After an opening in the septum has thus been made, any remaining obstruction can usually be remedied by enlarging the orifice by cutting out additional pieces.